



Employment Application

UCP of Central Florida

3305 S. Orange Ave.
Orlando, FL 32806
Phone: (407) 852-3300
Fax (407) 852-3301

Dear Applicant,

Thank you for applying for a position with UCP of Central Florida, the experts for children with special needs.

At UCP of Central Florida, we are the experts for children with special needs. By providing the best support, education, and therapy, we offer hope to everyone touched by a disability. We operate six locations throughout Central Florida in Downtown Orlando/Holloway, East Orange County (near UCF), Seminole County (Lake Mary), West Orange County (Winter Garden), and Osceola County (Kissimmee).

Please read this information carefully and complete the application in its entirety. Use black ink or type. An application must be completed and submitted even if a resume has been furnished. Incomplete applications will not be considered.

Certifications and Licensures:

If you are applying for a Teacher, Therapist, Nurse or Individual Early Interventionist position, you will be required to provide college transcripts and copies of diplomas, certification or eligibility statement and/or licenses. For all other positions, you will be required to provide copies of diplomas.

Criminal Records Screening:

All employees undergo background screening, which includes fingerprinting and a criminal history check. A prior criminal record may or may not result in your disqualification from employment with UCP Of Central Florida. A failure to disclose your record on your application for employment will disqualify you from employment. You are responsible for the cost of fingerprinting and the criminal record check.

Background screening is conducted through the local School Board. The School Board has the right to deny employment in the event of a criminal background.

Drug Free Workplace:

UCP of Central Florida is a drug free workplace. Employees will be required to pass a test for the detection of controlled substances. Employment will be terminated if controlled substances are found, except where a physician certifies prescribed usage. Employees are responsible for the cost of the drug test when administered for employment purposes.

References:

You are required to provide at least two work experience references to be considered for employment – internship, volunteer or student teaching references will be accepted. Please complete and leave in application. UCP of Central Florida will follow up with references.

Equal Opportunity Employment:

UCP of Central Florida is a not-for profit, 501(c)(3) agency. We are an equal opportunity employer.

Completing the Equal Opportunity Employment Demographics page is optional. Please give the form to the Receptionist. Do not leave it in your application. This information will be forwarded to the Human Resource Department for Department of Labor reporting purposes only. The application will be given to the hiring manager for review. The hiring manager arranges interviews and provides updates on position status.



Date of Application: _____ 20____

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETE TO BE CONSIDERED FOR EMPLOYMENT

P E R S O N A L	Last Name		First	Middle	Social Security #	
	Present Address (Number/Street, City, Zip)				Home Telephone ()	
	Permanent Address (Number/Street, City, Zip)			E-Mail Address	Business Telephone ()	
	Have you ever applied for employment with UCP of Central Florida, Downtown Orlando, Seminole, Pine Hills, Osceola, West Orange, East Orlando)?				Are you legally eligible for employment in the United States?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Month and Year		Location	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Position Desired:		Location Desired:			Pay Expected:
	Apart for absence for religious observances, are you available for full-time work:				Are you available to work overtime?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what hours can you work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other special training or skills (languages, computer operation, etc.)				What date are you available to begin work?		

E D U C A T I O N	School	Name and Address of School	Course of Study Major/Minor		No. of Years Completed	Date of Graduation	Type of Degree or Diploma
	Graduate						
	Business Trade or Technical						
	High School					XXXXXXX XXXXXX	

<p>Membership in Professional or Civic Organizations</p> <p>(Exclude those which may disclose your race, color, religion or national origin)</p>

The Mission of UCP of Central Florida

We are the experts for children with special needs.
By providing the best support, education, and therapy we offer hope to everyone touched by a disability.

Teacher Certification: (You must be eligible for certification based on Florida Statutes)

Do you hold a Florida Educator's Certificate? Yes No

If yes, certificate type:_____ Validity Period_____

Subject Areas:_____

Have you completed a Florida Professional Orientation Program/Professional Education Competence? Yes No

If yes, which district?_____

Indicate Certification Documentation Below:

Copy of Florida Teacher Certificate attached Copy of Florida Statement of Eligibility attached

Applied to Florida Sate DOE for Statement of Eligibility. Date:_____

Applied through Name of School System_____ Date:_____

Do you hold a current teaching certification in another state? Yes No If yes, please list state and areas of coverage:_____

Have you ever had a teaching certificate or license, been placed on probation revoked, suspended, or denied by the state of Florida or any state? Is there any action pending against your certificate or license in Florida or any other state?

Yes No If yes, please list the name of the district and/or state_____

Therapy/Nursing License and Certification

Do you hold a Florida Therapy or Nursing License? Yes No

If yes, License type and Number:_____ Validity Period_____

Do you hold a current Florida Medicaid Provider Number? Yes No, If yes, please list:

Medicaid Number:_____ Effective Date:_____

Have you ever had a professional certificate or license, been placed on probation revoked, suspended, or denied by the state of Florida or any state? Is there any action pending against your certificate or license in Florida or any other state?

No Yes If yes, please list the name of the district and/or state_____

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The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal, if hired. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date:_____ Signature:_____

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date:_____ Signature:_____

OFFICE USE ONLY – APPLICANT PLEASE DO NOT WRITE IN THIS AREA

Applicant Code:

- Not Qualified, Not Interviewed Did Not Show for or Call to Cancel Interview
- Interviewed – not hired RE: More Qualified Applicant References Poor Poor Customer Service Qualities
- Rejected Job Offer RE: Salary or Benefits Hours Location Better Position Other or Not Disclosed
- Hired - Position_____

Hiring Manager:_____

Correspondence Code:

X- No Opening < Another Applicant Recommended >Qualified, but position filled Date Sent:_____

PLEASE GIVE THIS CARD TO THE RECEPTIONIST – DO NOT LEAVE IT IN THE APPLICATION FOLDER

EQUAL OPPORTUNITY EMPLOYMENT DEMOGRAPHICS

This form will be forwarded to the Human Resources Department at UCP of Central Florida. **The following information is optional and will only be used for statistical purposes.** Only Human Resources Personnel review this Information. This information will be kept confidential and hiring managers will not have access to or use this information for the purposes of making hiring decisions.

UCP of Central Florida is an equal opportunity employer. Discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, disability or veteran status is prohibited.

Demographic Information – OPTIONAL - Please check all that apply:

- Male White, Non-Hispanic Black, Non-Hispanic Hispanic
- Female Asian, Pacific Islander American Indian, Alaskan Native
- Disabled, if so do you need access to a telecommunications device for the deaf or any other device or assistance in order to apply for a position with UCP of Central Florida?

How did you hear about UCP of Central Florida? _____

Name: _____ Date: _____

Applying for Position: _____ at Location: _____

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Name: _____ Date: _____

Applying for Position: _____ at Location: _____

Criminal History Information Record

PLEASE PRINT YOUR FULL NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

Full Legal Name:

Social Security Number:

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE AND SIGN THIS STATEMENT

1. Pursuant to Section 231.02 F.S., an individual employed or appointed to an instructional or non-instructional position, including non-compensated instructional or non-instructional positions requiring direct contact with students in any district school system or laboratory school shall, upon employment, file a complete set of fingerprints with the employing district to be submitted to the Florida Department of Law Enforcement and the Federal Bureau of Investigation for processing and review of an existing Criminal History Record of Information.
2. Pursuant to Sections 943.0585 and 943.059 F.S., any sealed or expunged records, including expunged juvenile criminal history records, MUST be revealed to the employing school district. You must disclose this information even if you have been advised differently by a third party.
3. Please answer the following truthfully and to the best of your knowledge. Intentional or knowing omissions of falsification to any question may disqualify you from potential and/or continued employment with UCP. A Criminal History Record does not automatically disqualify an individual from employment.

NOTE: Criminal Offense is defined as any unlawful criminal act (excluding minor traffic offenses) that constitutes a felony, misdemeanor or summary level violation of Federal, State, County or Local Statutes. Driving under the influence of Alcohol or Controlled Substance and Reckless Driving are reportable offenses.

- Yes No 1. Have you ever been convicted and/or found guilty of a criminal offense in a court of law?
- Yes No 2. Have you ever entered a plea of "guilty" in a court of law to any criminal offense?
- Yes No 3. Have you ever had an "adjudication withheld" by a court of law?
- Yes No 4. Have you ever entered a plea of "Nolo Contendere" (no contest) to a criminal offense in a court of law?
- Yes No 5. Have you ever enrolled in a pre-trial diversion program?
- Yes No 6. Have you ever been arrested or charged by a law enforcement agency for any criminal offense where the charges were later withdrawn, dismissed, dropped or "nolle prossed" (not prosecuted)?
- Yes No 7. Are you currently under indictment or the subject of any other pending legal proceeding for a criminal offense?
- Yes No 8. Are you currently under investigation by any local, county, state, federal or international agency for any reason?
- Yes No 9. Are you currently considered a fugitive from justice by any local, county, state, federal or international agency that may hold valid warrants for your arrest and/or apprehension?
- Yes No 10. Are you currently serving probation, parole or community service as part of a court-ordered sentence and/or disposition?
- Yes No 11. Have you ever forfeited bond/bail due to failure to appear for a court proceeding?
- Yes No 12. Is your driver's license currently suspended or revoked?
- Yes No 13. Have you ever been a defendant in a civil action for an intentional tort (such as assault and battery)?
- Yes No 14. Have you ever had a teaching certificate suspended or revoked anywhere?
- Yes No 15. Have you ever been denied a teaching certificate anywhere?
- Yes No 16. Have you ever had an assignment or probation or other restriction placed on your teaching certificate anywhere?
- Yes No 17. If applicable, are there any known current actions pending against your teaching certificate?

If you answered "YES" to any question, you must go to the back of this form. You must list ALL charges or offenses separately. Include dates, city, state and other locations where the offenses occurred. Also include an explanation of each charge or offense in your own words including the final outcome. Use additional paper if needed. Please attach to this form, copies of final court dispositions and any other official documentation (i.e., police reports, probation records, etc.) supporting your explanation.

Before signing and submitting this document, please assure the accuracy of the information you have entered. If you aren't sure that a Criminal Record exists in your name, it is your responsibility to verify your uncertainty through the appropriate local, state, federal or international agency before completing and submitting this form. If you still have questions or uncertainty about the aforementioned requirements, contact the Seminole County Public Schools Office of Professional Standards at (407) 320-0027.

I hereby certify that I have read and understand the above notices. I further certify that the information I have provided on this form is complete, true, and accurate to the best of my knowledge.

Applicant Signature

Date



Employee Reference Check

At UCP of Central Florida, we are the experts for children with special needs. By providing the best support, education and therapy, we offer hope to everyone touched by a disability.

We serve kids with all types of special needs, including cerebral palsy, Down syndrome, autism, speech delays, developmental delays, and vision and hearing impairments. Your assistance in helping us hire the best possible team members to carry out this mission is greatly appreciated.

3305 S. Orange Ave. Orlando, FL 32806 (407) 852-3300 Fax (407) 852-3301

To Be Completed By Applicant: Previous Employment Information

Attention: _____ Title: _____
Company: _____ Phone: (____) _____
Address: _____ City/ State/ Zip: _____

I have applied for employment with UCP of Central Florida. I hereby request and authorize you to furnish the above listed employer with any information concerning my employment record, character, habits, and abilities. I do hereby release the addressed entity and all individuals concerned from any claims, suits and liabilities for any damage whatsoever resulting from their actions and conduct in responding to this request and the giving of such information.

Applicant's Signature: _____ Date: _____

Please Print.

Name While In Your Employment: _____ SSN: _____

Dates of Employment: From _____ to _____

Start Position: _____ Salary: _____ Per _____
Supervisor: _____

End Position: _____ Salary: _____ Per _____
Supervisor: _____

To Be Completed By Previous Employer:

The Applicant Listed Above has applied for a Position as a: _____

Did your company employ the applicant? [] Yes [] No

Is all the information stated above correct? [] Yes [] No
If no, what is incorrect?

Is there any reason this person should not work with or around children? [] Yes [] No
If yes, would you please share why?

Please list the applicant's responsibilities.

Reference for: _____

Please Rate the Applicant's Performance in the Following Areas:

Performance Area	Above Average	Average	Below Average	Comments
Attendance				
Responsiveness to coworkers and customers				
Initiative				
Productivity				
Thoroughness				
Organization Skills				
Communication Skills				
Job Knowledge				
Quality of Work				

What are the applicant's strong points?

What are the applicant's weak points?

Would you rehire the applicant? Yes No
Why?

What was the applicant's reason for leaving?

Additional Comments:

Completed by: _____ Title: _____

Company: _____ Date: _____

If Telephone Reference,
Form Completed by: _____ Date: _____